



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

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Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, February 19, 2013

Members Present

Conrad, M.D., Heather – Rady Children's Hospital
Dunford, M.D., Jim – City of San Diego EMS
Haynes, M.D., Bruce – County EMS
Kahn, M.D., Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial
Linnik, M.D., Bill – Sharp Grossmont
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander – NMCSO
Smith, D.O., Ryan – Tri-City BHMD
Wang, M.D. Marcus – Scripps Mercy BHMD
Wiesner, M.D., Christopher – Scripps La Jolla

County Staff

Conte, R.N., Meredith
Smith, R.N., Susan
Stepanski, Barbara

Recorder

Loginov, Clara

In Attendance

Anderson, R.N., Marilyn – Vista Fire
Bourdon, R.N., Darlene – Scripps Mercy BHNC

In Attendance (con'd)

Cherry, D.O., Darren – UCSD EMS/NMCSO
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
Dotson, R.N., Melody – UCSD
Egleston, Clint – Southwestern College
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Hinton, William – Mercy Air
Hotka, Brian – Mercy Air
Howard, M.D., James – UCSD EMS Fellow
Hudnet, R.N., Carlen – Rural/Metro
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Murphy, R.N., Mary – CSA-17 Fire
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Scott, R.N., Chris – San Diego Fire
Seabloom, R.N., Lynne – Oceanside Fire
Serra, M.D., John – UCSD/Rural-Metro
Sullivan, Don – AMR
Walls, Brandon – REACH Air
Wells, R.N., Christine – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Bill Linnik, M.D., called the meeting to order at 11:00 a.m.

II. APPROVAL OF MINUTES

A motion was made by Alexander Miller, M.D., to approve the minutes from January 15, 2013, seconded by Ryan Smith, D.O. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

- A. The flu season was busy both in the field and in the hospitals. Transports were on their way to record levels after dropping in the fall. The number of patients who bypassed a requested hospital was much higher than the 12-month average and ED bypass time was substantially higher. Influenza isolates from the laboratory are down over the last two weeks, but influenza-like illness remains elevated at 11% of ED visits. Deaths due to influenza were elevated at 33. The surveillance of EDs shows that visits are down in the past couple of weeks, as well as for respiratory illness and respiratory illness with fever. Several committee members confirmed this anecdotally.
- B. The emergency department at the Palomar Medical Center downtown campus is being converted to a Standby Emergency Department, and will have 24-hour physician coverage. Law enforcement will be able to take patients there who have been placed on a 5150 for medical clearance.
- C. The drug shortages that continue to crop up have been handled on a case by case basis. Drugs in short supply near expiration should be kept on hand in case they are needed. There are a number of possible solutions: some medications have been diluted to constitute the 10 mL prefill normally used; some multidose vials can be used for one patient; and in some cases, a less concentrated preparation is used.
- D. The Emergency Medicine Oversight Committee (EMOC) is looking at voluntary guidelines for dispensing of narcotics for chronic pain, with an aim to reduce prescription drug abuse and related deaths. The committee has written draft guidelines for narcotic prescriptions, but they would not apply to some categories of patients, such as cancer patients. Among the guidelines, narcotics would not be prescribed for chronic use or after the patient is followed by another physician, initial narcotic prescriptions would be for a limited quantity, lost or stolen prescriptions would not be refilled, and long-acting narcotics would not be prescribed.
- E. Scripps Memorial Hospital in La Jolla became the second hospital in the county to earn recognition as a Joint Commission Comprehensive Stroke Center. There was a discussion on whether this designation means stroke patients will be diverted to this hospital, but the response was that the focus is on building a better stroke system as a whole and current triage guidelines will remain in place for now.

- F. State EMS just announced that the revised paramedic regulations were approved, and will take effect on April 1, 2013. Copies are available on the EMSA website.
- G. The state has continued to discuss community paramedicine. This is the use of paramedics in expanded or non-traditional roles, such as transport to alternate destinations; assessment, treatment, and/or release of patients; addressing the needs of frequent 911 callers; post hospitalization follow-ups; care for chronic conditions; and preventive care. There are numerous questions about legal or regulatory changes necessary to implement this. One course to begin is the Health Workforce Pilot Project program through the state Office of Statewide Health Planning and Development.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

- A. There will be a statewide drill in May, but an exact date has not been provided yet. When this is available, it will be reported to BSPC.
- B. There will be a California Hospital Association (CHA) conference on September 23-25, 2013 in Sacramento.
- C. The Healthcare Disaster Council is planning to focus on community partnership meetings intended to develop relationships with facilities around local hospitals, in order to have additional resources in the case of a disaster.

V. BEACON UPDATE (Jim Dunford, M.D.)

- A. Beacon has transitioned away from UCSD's leadership to its own board of directors. This board of directors will run the health information exchange. Revenue streams for this still need to be fully developed.
- B. The Regional CAD Interoperability Project (RCIP), which had been discussed at January's meeting and could potentially link various CAD systems (e.g. police, fire departments) with the Beacon Hub. The cost of this was too high to pursue, however, and an alert system will not be possible in this form.
- C. Within a short time, UCSD, Rady Children's Hospital, the Sharp & Scripps Health systems, and military hospitals should all be able to use the Beacon system. There are discussions with family health centers and other such facilities to provide them access to the system.

VI. RESUSCITATION OUTCOMES CONSORTIUM (ROC) (Dan Davis, M.D.)

- A. There was a ROC meeting last week in Chicago, and a major point of discussion was budgetary concerns. There will be a 10% cut on the grant for the project.
- B. Enrollment in some studies has been slower than anticipated, but San Diego is not participating in a number of these studies because of current similar treatment protocols.

- C. It was asked when data from the Amiodarone, Lidocaine or placebo study (ALPS) would be published; Dr. Davis stated that enrollment is not expected to be completed until 2015, unless the study is stopped early due to a particular outcome, so publication of data is still a few years out.

VII. PROTOCOL REVIEW (Susan Smith, R.N.)

Protocol updates for 2013 were presented.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no items for future discussion.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting is scheduled for March 19, 2013 in the Sharp Spectrum Auditorium.

The meeting was adjourned at 1:20 p.m.